

<b>Case Number:</b>	CM13-0037278		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	06/16/2003
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 53-year-old male with a remote injury date reported as 06/19/03. Records provided for review suggested the patient has a diagnosis of degenerative disc disease in the neck and back. Electrodes have been requested for a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**electrodes 2 inch round, 4 pack, RS Medical:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit, (transcutaneous electrical nerve stimulation). Page(s): 114-116.

**Decision rationale:** The Physician Reviewer's decision rationale: The request for electrodes for a TENS unit cannot be recommended as medically necessary. It is not clear if this is a new device utilized by the patient, as there is no indication within the records reviewed regarding the patient's response to treatment. In general, California MTUS Chronic Pain Guidelines allow for a one month home based trial if used as an adjunct to a program of evidence based functional restoration. It is not clear if this patient underwent a previous trial. Specifically, the guidelines require documentation of use, pain relief and function in order to support persistent use of the

device. Accordingly, there is in sufficient information to justify a purchase of TENS unit supplies based on the information available.